

**TRANSMITTAL
FORM**

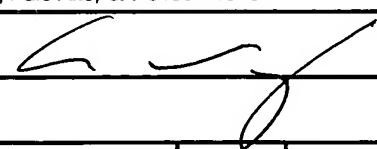
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/786,253	
	Filing Date	February 24, 2004	
	First Named Inventor	Jae Byeong GU	
	Art Unit	1724	
	Examiner Name	Charles S. BUSHEY	
Total Number of Pages in This Submission	8	Attorney Docket Number	61282.00011

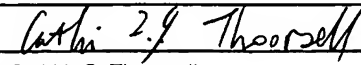
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s) FIG. 1, 2A, 2B, 2C, 3, 4 and 5 [Total 4 pages]	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Return Postcard	<input type="checkbox"/> PTO SB/08a	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> PTO SB/08b	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Amendment After Final	<input checked="" type="checkbox"/> Issue Fee Transmittal (PTO-85b) with duplicate of same [Total 2 pages]	<input type="checkbox"/> Status Request
<input type="checkbox"/> Declaration of Inventor(s)	<input type="checkbox"/> New Power of Attorney, Revocation of Previous Powers, Change of Correspondence Address	<input checked="" type="checkbox"/> The Director is authorized to charge any required fees or credit any overpayment to Deposit Acct. No. 05-0150. A duplicate of this sheet is enclosed for this purpose. [Total 2 pages]
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Request for Continued Examination	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Affidavit	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Squire, Sanders & Dempsey L.L.P. 600 Hansen Way, Palo Alto, CA 94304-1043		
Signature			
Printed Name	Aaron Winger		
Date	July 27, 2005	Reg. No.	45,229

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Cathi L.G. Thoorse	Date	July 27, 2005

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